

St John Medical Center

Patient Name: GARLAND, RONALD
MRN: SJ14597835DOB: 2/25/1961
FIN: SJ89331641*Discharge Summaries*

RESULT STATUS:

Auth (Verified)

SIGNED BY:

Super DO, Maria E (7/2/2017 18:04 CDT)

SIGNED DATE/TIME:

6/19/2017 05:27 CDT

DCS

Discharge Summary

PATIENT NAME: GARLAND, RONALD

TYPE: In

ACCOUNT NUMBER: 89331641

ROOM: 0312

MRN: 14597835

ADM DATE: 06/11/17

DOB: 02/25/1961

DIS DATE: 06/18/17

DATE OF ADMISSION:

06/11/2017.

DATE OF DISCHARGE:

06/18/2017.

CAUSE OF DEATH/DISCHARGE DIAGNOSES:

Included:

1. Suspected anoxic brain injury secondary to cardiac arrest.
2. Acute encephalopathy.
3. Acute respiratory failure secondary to cardiac arrest and pneumonia.
4. Acute kidney injury with rhabdomyolysis.
5. Shock liver.
6. Hyperglycemia.
7. Elevated troponin.
8. History of depression.

PROCEDURES:

Include hemodialysis catheter, central venous catheter.

CONSULTS THIS ADMISSION:

Include Peggy Krisa, MD, glycemic care team; Dr. Khurana, nephrology; Dr. Hilary Kneale, neuro critical care.

IMAGING STUDIES THIS ADMISSION: Included CT chest, abdomen and pelvis on admission that showed multifocal pneumonia, rib fractures. CT head showed no intracranial hemorrhage or mass effect. CT cervical spine showed no acute fracture or dislocation. The patient had MRI without contrast that showed multifocal cortical and deep grey nuclei infarction compatible with global hypoxic ischemic injury and mild diffuse cerebral edema.

HOSPITAL COURSE:

The patient is a 56-year-old male with unknown past medical history, who was brought to St. John's Medical Center after cardiac arrest at the Creek County jail. Per previous records, he was arrested on 06/10/2017 for a DUI. According to the Emergency Department note, he had taken bath salts and he had had a history of depression and substance abuse.

After he was taken into custody, he was reported "belligerent" and was placed in a restraint chair. After being placed in restraints, he was then found to be unresponsive and pulseless. He was removed from the restraint chair, CPR was initiated and EMS was

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called. Upon EMS arrival, his cardiac rhythm was asystole. EMS administered 5 rounds of epinephrine, 2 rounds of Narcan, bicarbonate and D50 en route to the Emergency Department. He was noted to be in sinus tachycardia upon arrival to the Emergency Department. He was then intubated prior to arrival in the Emergency Department. He had no purposeful movements noted in the Emergency Department and CT head as detailed above. CT head, chest, abdomen and pelvis as detailed above. He did have drug screen positive for TCA on admission. He was deemed to meet criteria for hypothermia and this was initiated. After he was rewarmed, he began to have facial twitching and nystagmus. EEG would reveal nonconvulsive status epilepticus and MRI would reveal findings as detailed above. It was the opinion of consulting physicians and the primary team that the patient's cardiac arrest has likely caused an irreversible anoxic brain injury which would prove to be neurologically devastating and the patient would never be independent with activities of daily living and would likely be bedbound, dependent on life support measures, ventilator and hemodialysis at the minimum. Family decided that they were prepared to withdraw care and this was started the evening of 06/18/2017. The patient passed from this life at approximately 2310 this evening. I was the attending physician at the time of death only. Patient was released to the medical examiner.

Dictated by: Maria Super, DO

DD: 06/19/2017 05:27

DT:06/19/2017 06:21

JOB #319210

Dictation ID #464356

Edited By: rlhali

Documents of this type are to be considered DRAFTS unless signed [result status: auth (verified)] by the appropriate physician.ô1PðK~